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| **Contact Details** |
| Participant Type (✓): Staff 🞏 Spoke 🞏 Presenter 🞏 Trainee 🞏 Guest 🞏 |
| FIRST NAME: |  | LAST NAME: |  |
| HEALTH CENTRE NAME:  |  |
| ADDRESS: |  |
| JOB TITLE: |  |
| SPECIALITY: |  |
| EMAIL: |  |
| CONTACT NUMBER: |  |
| **Clinic Details (if applicable)** |
| CLINIC NAME: |  |
| START DATE: |  | FINISH DATE: |  |
| NUMBER OF SESSIONS: |  | DAY OF THE WEEK: |  | FREQUENCY: |  |
| HUB LOCATION: |  |

**Data Protection and personal data:**

The collection of information from individuals whether online or manually is likely to be personal data as defined by the Data Protection Act 2018. If you wish to participate in any way in Project ECHO, clinic attendance and specialty information is required by UNMHSC in the United States.

**Information about Project ECHO:**

Project ECHO has been developed and is owned by the Regents of the University of New Mexico (UNM), the rights to which have been assigned or licensed to the University of New Mexico Health Sciences Centre (UNMHSC). Project ECHO communities track their growth and activities within the iECHO database.

**Where will your data be stored?**

Your full data will be stored securely within CHAS. Personal identifiable data is pseudonymized before storing separately in the iECHO database. Access to your data is strictly limited and password protected.

**How will your data be used in iECHO?**

Your data is combined and measured in various ways for analysis. It may be used for reporting to funding and governmental entities, for research related to the movement, for data quality assurance activities and in decision making related to new initiatives. CHAS will not use your data for any other purposes.

**Accuracy, Access & Retention**

CHAS have a responsibility for ensuring data stored is accurate. Upon request, your HUB can provide details of your stored personal data. CHAS have a published data retention policy and your personal data can be removed at your request. This may take up to one month to be cleared from backups.

 *(Please* **✓** *each box)*

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| I have had the opportunity to consider the above information, ask questions and these have been answered satisfactorily. |  |
| I grant permissions for CHAS to manage my personal data safely in connection with Project ECHO. |  |
| I consent to the use of my name and image for Project ECHO administration and videography purposes.  |  |
| I consent to the public use of my image and approve the release of my identity for both internal and external News Releases, Publications and promotional videos |  |
| I understand that my participation in Project ECHO is entirely voluntary and that I am free to withdraw at any time, without providing a reason or explanation. |  |

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| **To be completed by Project ECHO participant** |
| Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CONSENT WITHDRAWN** |
| Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |